

## **Consortium Afternoon Breakout Group Challenges and Action Items**

### **Education/Outreach around Arsenic in Well Water**

#### *Challenges*

- ☐ Younger generation of homeowners are poorly informed
- ☐ Focus on water issues on a national level may distract from arsenic issues
- ☐ Poor health literacy among the public
- ☐ Limited funding for education and outreach
- ☐ Challenging collaboration since many actors are involved
- ☐ Private well owners are not a “community”

#### *Action Steps*

- ☐ Partner with doctors and medical students for communicating with the public
- ☐ Develop posters to distribute to primary care providers around arsenic exposure and reduction strategies
- ☐ Use local champions to mobilize communities around water testing
- ☐ Target childbearing demographic more directly; distribute materials at childcare facilities
- ☐ Increase access to biomonitoring to raise individual awareness of arsenic exposure
- ☐ Use mapping data to target vulnerable demographics with outreach
- ☐ Integrate technology in testing outreach; send text reminders
- ☐ Put arsenic information on websites for water treatment groups and private labs
- ☐ Develop and share personal narratives for communications materials around arsenic
- ☐ Create a public campaign to advertise links of certain levels of arsenic to certain diseases
- ☐ Develop a message that speaks to, “reducing exposure decreases risk.”
- ☐ Incorporate arsenic awareness in prenatal care groups
- ☐ Point people to trusted information sources about arsenic in communications campaigns
- ☐ Translate arsenic messaging into other languages
- ☐ Use existing websites to share arsenic message and/or exposure reduction tips
- ☐ Identify appropriate communications strategies: social media versus print versus radio or news stories
- ☐ Ensure that messaging and recommendations around arsenic exposure, testing and treatment are consistent
- ☐ Identify new opportunities for community outreach: fairs, farmers markets

- ☐ Develop long-term operations and maintenance guidelines for arsenic treatment systems
- ☐ Improve health literacy generally and in relation to arsenic in water

## **Risk Perception of Arsenic**

### *Challenges*

- ☐ Many people mistakenly perceive groundwater as safer than public water supply
- ☐ Arsenic in water is colorless, odorless, tasteless; most people only treat for nuisance contaminants
- ☐ No immediate health effect from arsenic in wells reduces people's concern
- ☐ Research on health effects of arsenic is not intuitive to communicate
- ☐ Procrastination of less urgent health and home maintenance activities prevents people from prioritizing arsenic
- ☐ People struggle with the relative risk of arsenic exposure compared to other perceived threats
- ☐ Develop "top 10 health threats in NH list"

### *Action Steps*

- ☐ 10ppb, the EPA MCL, may not be a "safe" level for arsenic exposure; determine messaging around reducing levels to 10 versus reducing arsenic levels as low as possible
- ☐ Leverage current conversations around water quality (Flint Michigan, PFOA) to promote awareness of arsenic in water

## **Policy, Economic and Social Issues around Arsenic**

### *Challenges*

- ☐ Rental properties are more challenging to keep records of and encourage well testing
- ☐ No policy or insurance incentives exist to address arsenic in private wells
- ☐ Testing is not mandatory at the state or local level, though some municipalities mandate testing
- ☐ Town rights issues are a barrier to mandating well testing
- ☐ Few resources for public education around issues like well water quality
- ☐ People do not feel ownership for private water supplies
- ☐ State legislator level is not supportive of addressing arsenic in wells
- ☐ Concern for home value and disclosing results prevents sellers from testing for arsenic
- ☐ No licensing process for water treatment professionals results in public distrust of water treatment professionals
- ☐ Treatment costs are prohibitive for many homeowners

- ☐ Estimating the public cost of arsenic exposure is challenging

#### *Action Steps*

- ☐ Determine and implement a statewide definition of potable water to develop policies mandating private water testing.
- ☐ Work towards increased collaboration between DES, HHS, NHPA, NHBOA, PRCs, NHHOA
- ☐ Engage lenders around arsenic levels before home sales
- ☐ Collaborate to advance regulations and pass requirements for quantity and quality minimums (passively and on town/local level)
- ☐ Create partnerships within communities to promote action around arsenic (promote Community Well Testing Toolkit)
- ☐ Work with towns to identify opportunities to incorporate arsenic testing into certificate of occupancy requirements
- ☐ Identify and promote existing funding opportunities for financial support of testing and treatment and call for development of additional programs where needed
- ☐ Research radon testing to see if similar strategies could be used with arsenic
- ☐ Strengthen partnerships with rotary organizations

### **Testing Wells for Arsenic**

#### *Challenges*

- ☐ Time sensitive testing for contaminants deters people from returning test kits
- ☐ Testing instructions are confusing
- ☐ No rapid test kit exists for arsenic, so no alternative exists for mailing samples to labs
- ☐ Privacy concerns prevent people from sharing data about arsenic levels
- ☐ Rental properties are hard to encourage testing or maintain test results over multiple rental periods

#### *Action Steps*

- ☐ Give people test kits versus just making them available
- ☐ Medical professionals encourage water testing
- ☐ A personal connection to water testing effort increases effectiveness: Personal follow-up, timeline, text and call to ensure people remember
- ☐ Create and communicate easy mobile test kit collection
- ☐ Get students more involved in testing
- ☐ Continue investigating barriers to test kit return
- ☐ Use social pressure to promote well testing and treatment
- ☐ Combine arsenic testing with nuisance testing
- ☐ Collaborate with monitoring efforts for other contaminants
- ☐ Require accredited labs to share water test results if possible

## **Treating Wells with High Arsenic**

### *Challenges*

- ☐ People get a false sense of security from faucet-level filters
- ☐ People rarely test following arsenic treatment installation
- ☐ 50% of arsenic treatment systems are ineffective
- ☐ No established obvious solution to high arsenic; confusing choices for treatment systems, new wells, connecting to public water, with cost, health, convenience tradeoffs
- ☐ Research and innovation needs to move faster: bring together researchers and equipment providers
- ☐ Other contaminants can affect effectiveness of arsenic removal systems

### *Action Steps*

- ☐ Get people to act on results of Be Well Informed tool
- ☐ Develop Operations and Maintenance instructions for water treatment kit
- ☐ Call for licensing for water treatment companies
- ☐ Share arsenic information on websites of water treatment companies

## **Arsenic in Food**

### *Challenges*

- ☐ NH Arsenic Consortium has less control of arsenic in food stream
- ☐ Communicating relative risk of food and water is challenging
- ☐ Uncertain science around health effects of food exposure and relative contribution from different foods

### *Action Steps*

- ☐ Expand testing New Hampshire-based food supplies
- ☐ Share current research on arsenic exposure through food